

**CHILD AND ADULT CARE FOOD PROGRAM**  
**SPONSOR REVIEW GUIDE FOR AFFILIATED CENTER**

**NOTE:** This guide is to be used in completing all monitoring visits to sponsored centers. A copy of the completed and signed guide is to be maintained for state and federal review purposes.

Sponsor's Name: _____	Center's Name: _____
Center's Address: _____	Center's County: _____
Staff Interviewed: _____ _____	Type: ____ Child Care Center ____ OSHCC For-Profit ____ Adult Care Center ____
Type of Review: ____ First Visit (New Center) ____ Regular Visit ____ Follow-up ____ Unannounced ____ Announced	Shift Observed: ____ First ____ Second ____ Third
Date/Time of Monitor's Arrival: _____	Date/Time of Monitor's Departure: _____
Signature of Center Representative: _____	Signature of Monitor: _____

	Y	N	N/A	COMMENTS
<b>A. PRELIMINARY STEP</b>				
1. Is the sign for the Comptroller's Hotline Number for Waste, Fraud and Abuse Complaints posted in a conspicuous place at the center?				
<b>B. CIVIL RIGHTS</b>				
1. Is the <i>And Justice for All</i> poster being displayed in a conspicuous place and, if the center provides child care, has it distributed the <i>Building for the Future</i> flier to the parents and guardians?				
2. Is the LEP Spanish Poster in a conspicuous place at the center?				

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	Y	N	N/A	COMMENTS
<b>C. ENROLLMENT FORMS (For Child Care Centers Only)</b>				
1. Are annually updated enrollment forms, which are signed by parents/guardians and which identify the "normal" days/hours in care and meals to be received, maintained for participants?				
<b>D. ATTENDANCE AND MEAL COUNTS</b>				
1. Does center maintain a daily count of all meals (by type) served to participants separate from attendance counts?				
2. Are the daily meal counts maintained for the required participant age groups?				
3. Does the center maintain a daily count of attendance (by name) for participants separate from meal counts?				
4. Has a daily meal count been maintained on all meals served from the first day of the month to the review date?				
<b>E. TRAINING</b>				
1. Is documentation of annual training for the center director and cook on file which identifies date and location of the training, training topics, personnel who performed the training?				
<b>F. OBSERVATION OF MEAL SERVICE</b>				
1. Has the center posted a dated menu with all required food components in a conspicuous place for the meal observed?				
2. Do the meal components identified in the posted menu match the components of the meal observed?				
3. Does the meal observed meet the USDA component and portion size requirements?				

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**Complete for Observed Meal:**

Meal Type: Breakfast \_\_\_\_ Lunch \_\_\_\_ Supper \_\_\_\_ AM Supplement \_\_\_\_ PM Supplement \_\_\_\_ Evening Supplement \_\_\_\_

Menu Items for Meal Observed: \_\_\_\_\_  
 \_\_\_\_\_

Number of Meals Served: \_\_\_\_\_ Number of Meals Disallowed: \_\_\_\_\_

Reason(s) for Disallowance of Meals: \_\_\_\_\_  
 \_\_\_\_\_**Number of Meals Served for Previous 5 Days:**

	Date:	Date:	Date:	Date:	Date:
Meal	Number Served	Number Served	Number Served	Number Served	Number Served
Breakfast					
Lunch					
Supper					
AM Supplement					
PM Supplement					
Evening Supplement					

	Y	N	N/A	COMMENTS
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**G. UNANNOUNCED REVIEW FOR BLOCK CLAIM**

1. Were several months of claims examined prior to conducting the review to see if there were any suspicious patterns?			
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	Y	N	N/A	COMMENTS
2. Does the center have a valid explanation for the submission of the block claim?				Reason(s) Given:
<b>H. SANITATION, SPACE AND FACILITIES</b>				
1. Does the center store foods separately from poisonous items?				
2. Does it appear that the center follows sanitary procedures in all aspects of its food storage, preparation and service?				
3. Are temperatures in the center's refrigerator(s) maintained between 32 and 40 degrees Fahrenheit?				
4. Are temperatures in the center's freezers(s) maintained at 0 degrees Fahrenheit or below?				
<b>I. HOUSEHOLD CONTACTS (For Child Care Centers Only)</b>				
1. Based on the observation of the meal service and a review of the participants' enrollment forms, was there an inconsistency between the observed attendance and the number of meals reported for the previous 5 days?				
2. If an inconsistency was found between the observed attendance and the number of meals reported for the 5 previous operational days, were contacts made with the parents and guardians of enrolled participants?				

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	Y	N	N/A	COMMENTS
3. Did any of these contacts with parents and guardians for the inconsistency appear to reveal false claiming by the center?				
4. Based on the review of the participant eligibility applications, did any of the applications appear to have irregularities? (Irregularities may include, but not be limited to, applications from different households which appear to have parent or guardian signatures in the same handwriting, applications which appear to have been changed with correction fluid or tape, and applications that are found with data that was entered after the applications were signed by the parents or guardians.)				
5. If any irregularities were found, were contacts made with the parents and guardians of the affected participants?				
6. Did any of these contacts with the parents and guardians for the application irregularities appear to reveal false claiming by the center?				
<b>J. PREVIOUS MONITORING VISIT</b>				
1. Have program deficiencies, which were found during the previous monitoring visit, been fully corrected?				
<b>K. CHILD/ADULT CARE LICENSE</b>				
1. Does the center have on file a current state license to care for the children or adults participating in the CACFP?				
<b>L. ETHNIC CATEGORIES (Observed at meal service)</b>				<b>NO. OF PARTICIPANTS</b>
<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.				

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<b>ETHNIC CATEGORIES (Observed at meal service)</b>	<b>NO. OF PARTICIPANTS</b>
<b>Not Hispanic or Latino</b>	
<b>M. RACIAL CATEGORIES (Observed at meal service)</b>	
<b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

**COMMENTS:**

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**REQUIRED CORRECTIVE ACTION BY CENTER:**

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